RECEIVED CENTRAL FAX CENTER

2 0 2006

NOV 3 0 2006

PTO/SB/97 (12.97)
Approved for use through 8/30/00. ONUS 0651-0051
about and Trademark Office; U.S. DEPARTMENT OF COMMERCE
collection of information unless it contains a valid QMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Inform
In re: Stefaan Valere Albert Coussement

8317688550

Case: P4644

Application No.: 09/757,728

Examiner:

Filing date: 01/09/2001

Art Unit: 2145 Subject: Syste

System for Reporting Client Status Information to Communications-Center Agents

Certificate of Transmission under 37 CFR 1.8

Azizul Q. Choudhury

Attention: Azizul Q. Choudhury, Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 11/30/2006

Date

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 11

- 1. Amendment Transmittal 1 sheet
- 2. Duplicate Amendment Transmittal 1 sheet
- 3. Response D 8 sheets
- 4. Certificate of Transmission 1 sheet

Please call (831) 768-1755 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of itime required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.

NOV 3 0 2006

Method c	of Transr	mission: Facs	simile		(CASE DOCK	ÉT NO. P	P4644
In refer e r	nce to ap	plication of	Stefaan Val	lere Albert Couss	iement			V 2
Serial No								
For Sys	item for	r Reporting	Client State	us Information to	Communic	cations-Cer	iter Agents	
Sir:				n the above-identified				
✓ No a ✓ App	additiona plicant cla	al fee is require laims Small en	red.	der 37 CFR 1.27.				
		·	****	* CLAIMS AS AME	NDED ****			
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)
		ns Remaining Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims		31	Minus	** 33	0	\$ 25	\$ ₅₀	\$ 0.00
Indep Claims		2	Minus	*** 3	0	\$ 100	\$ ₂₀₀	\$ 0.00
☐ Fi	rst preser	ntation of a m	ultiple depend	dent claim		\$ 0	\$ 0	\$ 0.00
□ те	erminal [Disclaimer Fee	es					\$ 0.00
Extension	ı Fee		1st Month	2nd Mon	th	3rd Month		\$ 0.00
	Te	otal additional	l for claims, ti	ime extensions and d	isclaimer fee	s		\$ 0.00
**** Multi * If the ent A check	"highest tiple depeted try in collection the action the action to the ac	t Number Previous to Number 2 is less to amount of	niously Paid Formany, included in than the entry 0.00 posit account	or" in this space is less or" in this space is less in the above calculate y in column 4, write ' is attached. 50-0534 (A du	ess than 3, writion. "O" in column uplicate of thi	ite "3" in this : un 5. is sheet is encl	space.	
Please of is enclo	charge ar sed.	ny additional f	fees or credit	overpayment to Dep	osit Account	50-0534	A duplicate	e of this sheet
				Respectfully Sul	(Cititinen)	Sonald R. B		
Central Coast P 3 Hangar Way, Watsonville, C. (831) 768-1755	, Suite D A 95076)				onald R. Boys eg. No. 35074		

NOV 3 0 2006

Method o	of Transmission: Facs	simile			CASE DOCKI	ET NO. F	24644		
In referen	nce to application of	Stefaan Val	ere Albert Cousse	ement					
	. 09/757,728								
For Sys	tem for Reporting	Client State	is Information to	Communi	rations_Can	tor Aganta			
Sir:	and a copulation	Onout Smit	is mioritation to	Comment	canons-cen	ter Agents			
Transmin	ted herewith is and an	amendment in	the above-identified	l application	under 37 C.F	.R. 1.312.			
☐ App	additional fee is requir plicant claims Small en sfee has been calculate	tity status und	ler 37 CFR 1.27. elow.		•				
		****	CLAIMS AS AME	NDED ****		<u> </u>			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee		
Total Claims	31	Minus	** 33	0	\$ ₂₅	\$ ₅₀	\$ 0.00		
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ ₂₀₀	\$ 0.00		
First presentation of a multiple dependent claim \$ 0 \$ 0									
☐ Terminal Disclaimer Pees									
Extension Fee		1st Month	2nd Month		3rd Month		\$ 0.00		
Total additional for claims, time extensions and disclaimer fees									
**** If the	highest Number Previo "highest Number Previ tiple dependencies, if a try in column 2 is less	iously Paid Fo ny, included i	or" in this space is le in the above calculati	ss than 3, wr on.	ite "3" in this :	space.			
☐ A chec	k in the amount of	0.00	is attached.						
Charge	\$ 0.00 to depo	osit account_	50-0534 . (A du	plicate of th	is sheet is encl	osed)			
Please is encid	charge any additional fosed.	fees or credit	overpayment to Depo	osit Account	50-0534	A duplicat	z of this sheet		
	Respectfully Submitted, Donald R. Boys Donald R. Boys								
entral Coast l Hangar Way, atsonville, C	A 95076			R	eg. No. 35074	•			

RECEIVED CENTRAL FAX CENTER NOV 3 0 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2145

Examiner: Choudhury, Azizul Q.

In Re:

Stefaan Valere Albert Coussement

Case:

P4644

Serial No.: Filed:

09/757,728 01/09/2001

Subject:

System for Reporting Client Status Information to Communications-

Center Agents

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Response D